

**AUTHORIZATION
FOR USE AND DISCLOSURE OF
YOUR HEALTH INFORMATION
AS REQUIRED BY THE HEALTH INSURANCE PORTABILITY AND
ACCOUNTABILITY ACT OF 1996**

We, the _____ Health Center, are prohibited by Federal law from using or disclosing your personal health information (except for the uses and disclosures listed in a Notice you have received or will receive), unless you authorize us to share this information with others. This Authorization lists the uses and disclosures of your health information that may be required during your participation in the Job Corps program. Your signature on this document authorizes us to use and disclose your health information in the situations described in this document.

Job Corps requires applicants to sign this Authorization as a condition of enrollment in the Job Corps program. You have the right to revoke this Authorization by notifying us in writing, except if we have relied on the Authorization. You may submit a written revocation of this Authorization to _____. We will provide you with health services regardless of whether you revoke this Authorization or any part of it, as long as you are a Job Corps student. However, revoking this Authorization may result in dismissal from Job Corps. If you are dismissed from Job Corps, we will no longer provide you with Health Center services.

Please note that health information that we share with others under this Authorization may, in certain circumstances, be further disclosed, and may no longer be protected by applicable health privacy standards. This Authorization will be effective from the date of your signature and will remain in effect, unless revoked, until three years after you have separated from Job Corps, in accordance with the Job Corps document retention policy.

By signing this document, you authorize us to share your personal health information with others in a number of circumstances. These circumstances are listed below. In each circumstance, we will share only the minimum amount of information needed to accomplish the purposes described. We will share information only with people who need to know this information. Nothing in this Authorization allows anyone to share your entire medical file with anyone else, unless that is the minimum amount of information necessary to accomplish the purposes described. Also, nothing in this Authorization allows anyone to share information about you if it is not lawful to share that information.

The law requires us to identify the person or class of persons, who are authorized to use or disclose protected health information with someone else. In each circumstance in which we share information, a Health Center health care provider or Health Center staff member, including the head of the Health Center, will convey the information. These people may be doctors, nurses, dentists, mental health professionals, or other health care providers; Health Center receptionists, recordkeepers, or other administrative staff; or Health Center supervisors or managers.

The following is a list of ways information may be used or disclosed:

1. We may share with the Center Director information about your physical and mental health, including any diagnosis and any recommended accommodations or modifications.

This information may be shared only if it has an effect on the operation of the Center or any of its staff, or any other Job Corps student, and only if the Center Director would need to know the information for purposes of managing such an effect appropriately. The types of information may include information about the following conditions, among others: contagious diseases, including sexually transmitted diseases; positive illegal drug or alcohol screens; pregnancy; suicidal or homicidal thoughts or other life-threatening situations; and disability. The Center Director, as the supervisor of all other Center personnel, also may be informed of any information that we share with other Center staff persons, to ensure appropriate use of the information, as described in this Authorization.

2. We may share with Academic, Vocational, and Career Counseling staff information about certain health conditions. We may share information about a present health condition that may be aggravated by the activities being supervised or conducted by Academic and Vocational staff persons or that could cause harm to yourself or another student, for the purpose of avoiding such health aggravation or harm. In addition, if you make a request for an accommodation or a modification in your academic or vocational training, we may share that request and the minimum health information necessary to support that request with members of the Academic and Vocational staff for the purpose of fulfilling your request. To the extent that present health restrictions in the academic or vocational programs or your requests for accommodation or modification could affect your overall vocational or academic plan or goals, or could discourage you from pursuing your existing plans or goals, we may share this limited health information with members of the Career Counseling staff for the purpose of encouraging you to select, remain in, or return to programs you are able to complete. Career Counseling staff, however, will not use this limited health information to "steer" students into stereotypical programs based on their health conditions.

3. We may share with Career Transition staff information about certain health conditions, as described below. This information may be shared when you are absent from or on leave from Job Corps or have been separated from Job Corps for purposes of assisting you in meeting your own health needs away from the Job Corps Center, and ultimately assisting you in obtaining career opportunities outside of the Job Corps program. Information we may share includes the following: mental health information (excluding psychotherapy notes), including information about medications that may alter mental functioning; information about pregnancies, diseases (including HIV), medication management, and illegal drug use or alcohol abuse (including drug test results); information about accommodations or modifications you have requested, whether for a disability or for any other health condition; oral health information, including treatment plan and appointments; and any health information that may be responsible for a leave of absence from Job Corps or your separation from Job Corps. We may share this information for the purpose of helping you identify community health, housing, child care, support groups, affinity job clubs, social organizations, or other community resources that may assist you in staying healthy and obtaining and keeping employment. In addition, this information may be

shared for the purpose of following up with you regarding your independent living needs as well as to encourage you to return to Job Corps, if possible.

4. We may share with Residential Living staff (including counselors), Trainee Employee Assistance Program (TEAP) specialists, and Mental Health staff (including mental health consultants) information about certain health conditions, as described below. This information may be shared for purposes of assisting you in meeting your own health needs while on Center. Information we may share includes the following: mental health information (excluding psychotherapy notes), including information about medications that may alter mental functioning; information about pregnancies, diseases (including HIV), medication management, and illegal drug/alcohol use (including drug test results); information about accommodations or modifications you request, whether for a disability or for any other health condition; and oral health information, including treatment plan and appointments. We may share each piece of information only with particular staff members that need to know this information to assist you or to avoid an emergency.

5. We may share with Food Service staff information about your dietary needs, including information about allergies, weight management, diabetes management, and other diet needs or recommendations. This information may be shared for purposes of avoiding medical emergencies and ensuring you are provided with appropriate food and nutrition. We will share this information only if you have a specific dietary need arising from or related to a health condition.

6. We may share with Residential Living staff information about medications, allergies, medical (including mental) conditions that may warrant emergency, or other immediate care, accommodations or modifications requested, or infectious/contagious diseases. We may share this information for the following purposes: assisting you with your medication schedule or other health needs; protecting other students from infection or contagion; providing you with an appropriate environment for allergy control, including, if necessary, appropriate personal products; and ensuring that you receive requested accommodations or modifications in your living quarters for any disability. In addition, if you have a condition for which medication is prescribed for you, and you do not take that medication after you have been instructed to do so, and your uncontrolled condition may result in an unwarranted risk to yourself or others, we may share information about your condition and your failure to take your medication with disciplinary staff, including the Center Standards Officer.

7. We may share with Safety and Security staff, including federal safety officers, information about illegal drug use or alcohol abuse (underage alcohol use or disruptive or other inappropriate consumption by legal drinkers), including positive drug or alcohol test results, information about any injury or illness you incur in the performance of your duties at Job Corps, and information about medical or mental health conditions only if such conditions may assist in explaining harmful or unusual behavior you display. We may share this information for the purpose of preventing further access by you or other students to illegal drugs, correcting or preventing environmental or other hazardous conditions that may cause injury or illness to you or other students, and managing harmful or unusual behavior (that

may pose a threat to you or others) appropriately for your individual circumstance. In addition, we may share information about your allergies to foods, drugs, insect venom, or other substances for the purpose of appropriately managing emergency situations that may arise due to an allergic reaction, as well as attempting to prevent such situations.

8. We may share with Recreational staff information about allergies, asthma, or other health conditions, to the extent that those conditions may contribute to a medical emergency while participating in certain recreational activities. In addition, we may share information about the results of any sports physical or other examination you may have been required to have in order to participate in certain recreational activities. We may share this information for purposes of helping to ensure your safety while participating in sports or other recreational activities, and to help ensure that activities you are asked or required to do are not dangerous for you.

9. We may share with a Trainee Employee Assistance Program (TEAP) specialist information about illegal drug use or alcohol abuse (underage alcohol use or disruptive or other inappropriate consumption by legal drinkers), including positive drug and alcohol test results, and information about medications you may be taking. We may share this information for purposes of assisting you in appropriate medication management and avoiding unhealthy drug dependencies.

10. We may share with Student Records and Data Management staff information about a health condition that causes you to be absent from or take leave from Job Corps, or that results in your medical separation from Job Corps. Medical information documenting the reasons for absences may be shared for purposes of accounting for your health-related absence from Job Corps, as well as to assist Center staff in evaluating your possible re-enrollment in Job Corps after a medical separation. Only the information necessary to accomplish these purposes may be shared.

11. We may share information about illegal use of drugs and alcohol abuse (underage alcohol use or disruptive or other inappropriate consumption by legal drinkers), including the results of any drug test. (Job Corps has a Zero Tolerance policy for illegal drug use and alcohol abuse. This means you may be expelled from Job Corps for illegal use of drugs or for alcohol abuse.) This information may be shared with a wide variety of people, including other medical testing facilities, the Center Standards Officer and other disciplinary staff (including members of the Review Board who review proposed disciplinary action), law enforcement officers, probation officers, Center Safety and Security staff, the Center Group Life manager, members of the Academic and Vocational staffs, members of the Student Records and Data Management staff, Center and off-Center mental health, rehabilitation, or support group personnel, and employees of the U.S. Department of Labor and their contractors. We may share this information with any of the above individuals, for any of the following purposes: verifying that the results of a drug/alcohol test are accurate; enforcing the Zero Tolerance policy by determining whether you have used illegal drugs or abused alcohol and, if so, determining the appropriate consequence (including appeals of that consequence); referring you to Center or off-Center mental health professionals, counselors, and/or addiction support groups; preventing

further access by you or other students to illegal drugs or alcohol; assisting in compliance with local, state, or federal law; assisting you in managing your social life, education, and career without using illegal drugs or abusing alcohol; identifying illegal drug use or alcohol abuse trends among Job Corps students; and documenting illegal drug use and alcohol abuse in your student records to account for resulting consequences, as well as for purposes of determining your eligibility for re-enrollment in Job Corps.

12. We may share information with others if you request us to do so. We will ask you for a separate Authorization in that case.

13. We may share limited amounts of health information about you with Job Corps Center or Department of Labor personnel, or their contractors, for the purposes of resolving internal grievances or disputes, to the extent that the health information is a subject of the dispute.

14. Nothing in this Authorization authorizes us to share psychotherapy notes about you, except as allowed by federal law. Psychotherapy notes are notes made by a health care professional about the contents of a private counseling session or a group, joint, or family counseling session that are kept separate from your medical record. These notes do NOT include information about your medications, counseling session start and stop times, type and frequency of any treatment, clinical test results, and any summary of the following: diagnosis, ability to function, treatment plan, symptoms, prognosis (outlook), and your progress. (This information may be shared as provided in the Notice and this Authorization.) If we believe that we should share psychotherapy notes for a purpose that requires your authorization, we will ask you to sign an authorization for that particular circumstance. Refusal to give us an authorization to share psychotherapy notes about you will not affect your eligibility to continue in Job Corps.

15. Nothing in this Authorization authorizes us to share your health information for other purposes. For instance, this Authorization does not permit us to share your health information for purposes of determining your selection for Job Corps, your enrollment at any particular Job Corps Center, your career choices (unless you require reasonable accommodations to perform the essential functions of a job), or any other purpose not set forth in this Authorization. However, other law or policies may govern these purposes. Again, we will share only the minimum amount of information necessary to accomplish the purposes described.

Other Routine Uses

In addition to the above uses and disclosures of your medical information (and the uses and disclosures listed in the Notice you have received or will receive), we may disclose any and all medical information about you under the following circumstances:

- we may share information with state and federal law enforcement agencies or other government investigators to assist them in locating you or your family;

- if you are a minor, we may share information with your parent(s) or guardian(s), if not prohibited by law;
- we may share information with social service agencies in cases of a student's termination in order to provide services such as Medicaid.

AUTHORIZATION

I, _____, have received a copy of this Authorization. I have read this Authorization and I understand that it explains circumstances in which I permit my health information to be used and shared with others. I authorize the uses and disclosures described in this Authorization.

DATE

SIGNATURE

AUTHORIZATION BY PARENT OR GUARDIAN (IF A MINOR)

I, _____, am a parent or guardian of the individual named above. I have received a copy of this Authorization. I have read this Authorization and I understand that it explains circumstances in which I permit my child's (or charge's) health information to be used and shared with others. I authorize the uses and disclosures described in this Authorization.

DATE

SIGNATURE

**AUTHORIZATION
FOR USE AND DISCLOSURE OF
YOUR HEALTH INFORMATION**

We, _____, are prohibited from sharing your
(Name of entity)

personal health information (except as indicated in a Notice you have received or will receive), unless you authorize us to share this information with others. We are asking you to allow us to use or share certain health information about you, as described below. You do not have to sign this Authorization if you do not want to. We will not condition treatment on whether you sign this Authorization (unless you are receiving treatment because you are participating in a research study, or unless the purpose of the treatment is to obtain information specifically for the purpose of sharing it with a third party, such as your family doctor). If you do sign this Authorization, you have the right to change your mind and revoke this Authorization, unless we have relied on this Authorization already. You may revoke this Authorization by submitting your revocation in writing to _____.

(Name and title)

We will share only the information needed to accomplish the purposes described below. It is possible that the person or people with whom we share your information under this Authorization might share the information with someone else. If that happens, it is possible that the information might no longer be protected by medical privacy rules. In certain circumstances, other federal, state, or local law may prevent us from sharing information about you, even though you have authorized us to share this information. In those circumstances, we will not share health information about you.

The information we will use or share is as follows:

(Description of information to be used or disclosed - must identify the information in a specific and meaningful fashion.)

The people who will give out the health information are the following:

(Name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.)

We may share the health information described with the following people:

(Name or other specific identification of the person(s) or class of persons to whom the covered entity may make the requested use or disclosure.)

The reasons why we will share the health information are as follows:

(Description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.)

This Authorization will be effective from the date of your signature until

(Expiration date of Authorization, or an expiration event that relates to the individual or the purpose of the use or disclosure. The statement "end of the research study," "none," or similar language is sufficient if the authorization is for a use or disclosure of protected health information for research, including for the creation and maintenance of a research database or research depository.)

AUTHORIZATION

I, _____, have received a copy of this Authorization. I have read this Authorization and I understand that it explains circumstances in which I permit my health information to be used and shared with others. I authorize the uses and disclosures described in this Authorization.

DATE

SIGNATURE

AUTHORIZATION BY PARENT OR GUARDIAN (IF A MINOR)

I, _____, am a parent or guardian of the individual named above. I have received a copy of this Authorization. I have read this Authorization and I understand that it explains circumstances in which I permit my child's (or charge's) health information to be used and shared with others. I authorize the uses and disclosures described in this Authorization.

DATE

SIGNATURE

Notice to users of this form: Contractors and subcontractors of the U.S. Department of Labor should consult their legal counsel in determining whether and how this form may be used in any particular circumstance. The U.S. Department of Labor makes no representations as to the legal sufficiency of this form with respect to any given use or disclosure of information. Contractors and subcontractors are responsible for determining whether they are subject to the HIPAA Privacy Rule and administrative data standards of 45 C.F.R. Parts 160-164, and for complying with those regulations, if applicable.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.
THIS NOTICE IS REQUIRED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996.

We, the _____ Health Center, are required by law to maintain the privacy of your protected health information and to provide you, the Job Corps student, with notice of our legal obligations and privacy practices with respect to your protected health information. We are required to abide by the terms of this Notice (or any Revised Notice currently in effect). We have the right to change the terms of the Notice and to make those changes effective for all protected health information that we maintain. If we make changes to the Notice, we will issue you a Revised Notice at your assigned Job Corps location. This Notice is effective as of April 14, 2003. We may use and disclose medical information about you under certain circumstances listed below. In each case, we will share only the minimum information necessary.

Treatment, Payment, and Health Care Operations

Treatment. We may share the contents of your medical files, including date of visits, symptoms presented, diagnosis, medications prescribed, treatment given or recommended, and referrals to other health providers with other Health Center staff members so that we may effectively treat you and follow up on your care. In addition to sharing this information with Health Center nurses, doctors, dentists, mental health professionals, Trainee Employee Assistance Program (TEAP) specialists, or other health providers, we may share this information with Health Center clerks, receptionists, or other persons responsible for filing and entering data within the Health Center, and organizing patient flow and/or contacting you to set appointments or inform you of prescription availability or other medical information. We may share your prescription and other medical information with pharmacists or other providers of medicines or devices, and with Center drivers who pick up medications at pharmacies or other stores, for the purpose of obtaining prescriptions, other medications, and devices for you. We may share information with medical laboratories necessary in identifying specimens for the purpose of testing. Center health care providers also may share your health information with specialists or other off-Center health care providers for purposes of consultation or referral.

Payment and Health Care Operations. We may share the contents of your medical files, including referral and other information about care you received off-Center, with Medicaid and/or private insurance companies for the purposes of facilitating your access to health services not provided or paid for by Job Corps. We also may share information about illness or injuries you may incur in the performance of your duties with workers' compensation coordinators, for the purpose of determining your eligibility for benefits, the payment to you of benefits, and the provision of care to you under those benefits.

Other Uses and Disclosures for Which Consent, Authorization, or Opportunity to Agree or Object is Not Required

In addition to the above uses and disclosures of your medical information, Federal law permits us to disclose medical information about you under the following circumstances:

- we may use or share any information required by law;
- we may share information about infection, disease or other conditions with public health departments authorized to receive such health information, as well as information about failure to follow prescribed treatments for these cases of infection or disease, to assist them in preventing or controlling health conditions and tracking vital events;
- we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services;
- we may share information for certain public health activities, including for purposes related to the quality, safety, or effectiveness of products regulated by the Food and Drug Administration;
- we may share information with government authorities about individuals we believe may be victims of abuse, neglect, or domestic violence;
- we may share information for health oversight activities, including audits, licensing, and inspections of the Health Center, and determinations of our compliance with the medical privacy rules by the U.S. Department of Health and Human Services;
- we may share information in certain court proceedings;
- we may share information for law enforcement purposes;
- we may share information with a coroner, medical examiner, or funeral director to enable those people to perform their jobs with respect to people who have died;
- we may share information with organ donor organizations as necessary to allow authorized organ, eye, or tissue donations from people who have died;
- we may share information for certain approved limited research purposes;
- we may use or share information to avert a serious threat to health or safety;
- we may share information for workers' compensation purposes;
- we may share information for certain specialized government functions, including certain military or national security uses.

Other uses and disclosures will be made only with your written authorization. Job Corps requires you to authorize certain other uses and disclosures of your protected health information as a condition of enrollment in Job Corps. Those uses and disclosures are outlined in a written Authorization form that you have signed already, or that we will ask you to sign. You may revoke your authorization for these uses and disclosures, in writing, at any time, unless we have relied on the Authorization. Please note, however, that Federal law permits Job Corps to condition enrollment in its programs on receiving a valid authorization from you of certain uses and disclosures of your protected health information. Although the Health Center must honor any withdrawal of authorization you make, and cannot condition treatment on your authorization, such a withdrawal may affect your continued enrollment in Job Corps. Also, you may be asked to sign other voluntary authorizations. You may revoke a voluntary authorization, in writing, at any time, unless we have relied on that authorization.

Your Rights

The right to request restrictions. You have the right to request restrictions on certain uses and disclosures we make of your protected health information for treatment, payment, or health care operations, and may request restrictions on disclosures to family members or friends relevant to your care. However, in most instances the Health Center is not required to agree to your request. Generally, your health information will not be disclosed to family members or friends if you object to such disclosure, but in an emergency or other circumstance in which we cannot obtain your agreement, we may disclose limited information if it appears necessary for your care, consistent with State law. In addition, in case of a disaster, your health information may be shared with the Red Cross or other public or private entities assisting in disaster relief efforts for the purpose of notifying your family members or other loved ones of your location, general condition, or death. Furthermore, if you are a minor, we may be required to share health information about you with your parent or guardian, although some types of information you may be able to restrict us from sharing with your parent or guardian. (We will follow State laws in those instances.)

The right to receive your health information confidentially. You have the right to receive your health information privately. For example, if you are expecting a letter containing information from your doctor to arrive at your mailbox, and you share a mailbox with others and do not wish for others to discover the letter, you may request that the letter be delivered to you in another way or at another location, or you may arrange to pick up the letter.

The right to inspect and copy your health information. You have the right to look at and get a copy of your health information for as long as we maintain those records. However, under the law, we may deny you access to certain types of information, including psychotherapy notes kept by mental health professionals, information compiled in anticipation of a civil, criminal, or administrative action, certain information related to clinical or research studies, and classified information. Denials of this nature are final. In addition, we may deny you access to your health information if a health care provider believes that providing the information is likely to endanger the life or physical safety of you or someone else, or, if your information refers to someone else, the access requested is likely to cause substantial harm to that person. Also, if your personal representative requests access to your health information, we may deny that person access if a health care provider believes the access is likely to cause substantial harm to you or another person. You may have denials of this nature reviewed by another health provider who was not involved in the initial denial decision, and we will abide by the decision of that reviewer.

The right to amend your health information. You have the right to have us amend (correct or clarify) your health information that we keep in our records, for as long as we maintain those records. In most circumstances, however, if you ask us to change, add, or delete certain information that we did not create, or that is not a part of your record, or that you are not permitted to access, we do not have to make the amendment. Furthermore, we do not have to make any changes you request that would cause your record to be anything other than accurate and complete.

The right to be informed of disclosures we make of your health information. You have the right to know what health information we have given to others about you for the six years prior to the date of your request. Certain exceptions apply. For instance, we do not have to tell you of instances in which we have disclosed information for purposes of treatment, payment, or health care operations, or information that we gave directly to you or your representative, or certain directory information and information given to persons involved in your care, or information disclosed for national security purposes, or to law enforcement or corrections officials, or disclosures we made before we were required to comply with these notice standards.

The right to receive a paper copy of this notice. You have the right to request and receive a paper copy of this notice.

The right to complain about our use of your health information pursuant to the Health Insurance Portability and Accountability Act of 1996. You may complain to us and to the Secretary for the U.S. Department of Health and Human Services if you believe your privacy rights pursuant to the Health Insurance Portability and Accountability Act of 1996 have been violated. To file a complaint with us or to request further information regarding your rights to privacy in your health information, please contact

(designated Health Center privacy official: name, title, phone number)

In addition, you may file a complaint with the Secretary for Health and Human Services within 180 days of the date you learn of our objectionable action or omission. You must put your complaint in writing, you must name us specifically (including the name of your Job Corps Center), and you must describe what we have done to which you object.

Where To File Complaints Concerning Health Information Privacy

If your Job Corps Center is located in Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, or Vermont:

Office for Civil Rights
U.S. Department of Health and Human Services
Government Center, J.F. Kennedy Federal Building, Room 1875
Boston, MA 02203
Voice phone (617) 565-1340
FAX (617) 565-3809
TDD (617) 565-1343

If your Job Corps Center is located in New Jersey, New York, Puerto Rico, or Virgin Islands:

Office for Civil Rights,
U.S. Department of Health and Human Services
Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312
New York, NY 10278
Voice phone (212) 264-3313
FAX (212) 264-3039
TDD (212) 264-2355

If your Job Corps Center is located in Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, or West Virginia:

Office for Civil Rights
U.S. Department of Health and Human Services
150 S. Independence Mall West, Suite 372
Public Ledger Building
Philadelphia, PA 19106-9111
Main Line (215) 861-4441
Hotline (800) 368-1019
FAX (215) 861-4431
TDD (215) 861-4440

If your Job Corps Center is located in Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, or Tennessee:

Office for Civil Rights
U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
Voice phone (404) 562-7886
FAX (404) 562-7881
TDD (404) 331-2867

If your Job Corps Center is located in Illinois, Indiana, Michigan, Minnesota, Ohio, or Wisconsin:

Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Voice phone (312) 886-2359
FAX (312) 886-1807
TDD (312) 353-5693

If your Job Corps Center is located in Arkansas, Louisiana, New Mexico, Oklahoma, or Texas:

Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202
Voice phone (214) 767-4056
FAX (214) 767-0432
TDD (214) 767-8940

If your Job Corps Center is located in Iowa, Kansas, Missouri, or Nebraska:

Office for Civil Rights
U.S. Department of Health and Human Services
601 East 12th Street, Room 248
Kansas City, MO 64106
Voice phone (816) 426-7278
FAX (816) 426-3686
TDD (816) 426-7065

If your Job Corps Center is located in Colorado, Montana, North Dakota, South Dakota, Utah, or Wyoming:

Office for Civil Rights
U.S. Department of Health and Human Services
1961 Stout Street, Room 1185 FOB
Denver, CO 80294-3538
Voice phone (303) 844-2024
FAX (303) 844-2025
TDD (303) 844-3439

If your Job Corps Center is located in American Samoa, Arizona, California, Guam, Hawaii, or Nevada:

Office for Civil Rights
U.S. Department of Health and Human Services
50 United Nations Plaza, Room 322
San Francisco, CA 94102
Voice phone (415) 437-8310
FAX (415) 437-8329
TDD (415) 437-8311

If your Job Corps Center is located in Alaska, Idaho, Oregon, or Washington:

Office for Civil Rights
U.S. Department of Health and Human Services
2201 Sixth Avenue, Suite 900
Seattle, WA 98121-1831
Voice phone (206) 615-2287
FAX (206) 615-2297
TDD (206) 615-2296

If you would like to file a complaint by e-mail, send it to: OCRComplaint@hhs.gov.

For more information, please contact Lester Coffey, Office for Civil Rights, Department of Health and Human Services, Mail Stop Room 506F, Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, DC 20201. Telephone number: (202) 205-8725.

The right to complain about our use of your health information pursuant to the Rehabilitation Act of 1973. You may complain to the Director of the Civil Rights Center, U.S. Department of Labor if you believe your rights pursuant to the Rehabilitation Act of 1973 have been violated. To file a complaint or to request further information regarding your rights to privacy in your health information, please contact:

Ms. Annabelle Lockhart, Director
Civil Rights Center
U.S. Department of Labor
200 Constitution Avenue, N.W., Room N-4123
Washington, D.C. 20210
Voice phone: (202) 693-5602
TTY: (202) 693-6515

We are here to help you succeed and we will not take any negative action against you for making a complaint, whether you complain to us, to the Secretary for Health and Human Services, to the U.S. Department of Labor, or all three.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

I, _____, have received a copy of this Notice. I have read this Notice and I understand that it explains how my health information may be used and shared with others, and what my rights are with respect to my health information.

DATE

SIGNATURE